

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		/					
3		/					
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49							
50							
TOTAL IND.	✓		↓		↓		↓
TOTAL DEP.	0		↔		↔		↔
TOTAL CLAIMS	16						

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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52							
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99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			↔		↔		↔
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS